

Affix photograph
duly
attested by the
controlling
officer/HOD/
any
Gazetted Officer

**ANNEXURE
APPLICATION FORM**

1. Name of the post applied for: _____
2. (a) Name _____
(b) Designation of the Applicant (in full) _____
(c) Office Address: _____
3. Address for communication _____
4. Telephone No: Office _____ Residence _____ FAX No. _____
Mobile No: _____ Email address _____
5. Date of Birth _____ Age as on last date of receipt of application _____
6. Eligibility criteria:

Sl. No.	Educational/professional	As per advertisement of	Possessed by the Candidate	Whether eligible or not
1.				
2.				
3.				
4.				
5.				

7. Positions held during the preceding years (as per the requirement of post applied):-

Sl. No.	Designation, And place of posting	Organization	From	To	Nature of Work/Duties attended	Pay Scale
1.						
2.						
3.						
4.						
5.						

8. Nature and duration of experience **relevant** for the advertised post and job description:

Sl. No	Designation, And place of posting	Organization	From	To	Nature of Work/Duties
1.					
2.					
3.					
4.					
5.					

Note: 1. You may attach a write up, if you wish, not exceeding two pages, in support of your candidature.

2. Full form of all abbreviations used while making entries in the application form should be suitably explained i.e. in footnotes or separate attachment.

9. In case the candidate is holding the present post on lien/deputation basis:-

- a) Name of the organization in which the lien is held-
- b) The date from which the lien is held-
- c) Date from which candidate is on deputation-

10.(a) Whether any punishment awarded to the applicant during the last 10 Years

Yes	No
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If yes, the details thereof

10.(b) Whether any action or inquiry is going on against him as far as his knowledge goes.

Yes	No
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If yes, the details thereof

CERTIFICATE

I certify that the details furnished by me in Cols.1to10 are true and I am eligible for the post.
(Name and Signature of the applicant)

Date:

(Name and Signature of the applicant)

(To be filled by the PSU/Ministry/Department concerned)

It is Certified that the particulars furnished above have been scrutinized and found to be correct as per official records.

Signature & Designation of
the Competent Forwarding
Authority with Telephone no. & office Seal.

Note:

Self Attested copy of documentary proof for qualification and experience should be submitted along with application.